IN THE UNITED STATES PATENT AND TRADEMARK OFFICE Corres. and Mail

licant: Tsai et al.

Docket No: 60617.300901

Serial No: 10/007,719

Group Art Unit: 2874

Filing Date: November 9, 2001

Examiner: Connelly Cushwa, Michelle R.

"WAVELENGTH DIVISION MULTIPLEXING AND DE-MULTIPLEXING For:

SYSTEM"

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL

⊠ for th	Transmitted his application.	erewith is a Response to Office Action and Amendment After Final Rejection
X	Applicant is	STATUS

				THE PROPERTY OF	mai Rejection	ì
X	احا	pplicant is a small entity.	STATUS			
		other than a sma	ll entity.		LECHNO	7
X	App of m	plicant petitions for an nonths checked below	EXTENSION OF TIME a extension of time under 37 CFR	1.136 for the total nu	DEC -5 2004	
	⊠ □ □	Extension (months) one month two months three months four months	Fee for other than small entity \$ 110.00 \$ 420.00 \$ 950.00 \$1,480.00	Fee for small entity \$ 55.00 \$210.00 \$475.00 \$740.00	2800	
	Fee \$55.00					
	00000146	therefor of \$	months has alrea	2 1		
5	5.00 DA		_			

12/30/2003 S

01 FC:2251

Extension fee due with this request \$55.00

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited on December 23, 2003, with the U.S. Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL	ENTITY	OR		THAN A ENTITY
	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee		Rate	Addit. Fee
Total	Minus *0*	=	=	x9=	\$		x18=	\$
Indep.	Minus *0*	=	=	x43=	\$		x86=	\$
☐ FIRST	PRESENTATION OF MUI	TIPLE DEP. CLAI	IM	+140=	\$		x280=	\$
				TOTAL ADDIT. FEE	\$	OR	TOTAL ADDIT. FEE	\$

\square	No additional fee for claims required. Total additional fee for claims required \$
	FEE PAYMENT

FEE DEFICIENCY

In the event that: a) no check to cover the filing fee is enclosed, b) any above-referenced check is inadvertently omitted or lost, or c) any enclosed check is in an amount less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 08-3240. A duplicate of this authorization is enclosed for that purpose.

Attached is a postcard for date-stamped return as confirmation of receipt of these materials.

Date: December 23, 2003

RAYMOND E. RÓBERTS

Reg. No. 38,597

IPLO®

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